47 1	CIAL VILLETIC	JAHON.	FEE DETERI	MINATION F	RECORD	Applic	ation or Doc	ket Numb
		FILECTIVE	October 1, 2	2003			01082	575
	CLAIN	1S AS F	LED - PART	1			10	
TOTAL CL	AINAC		Column 1)	(Column 2)	SMA TYP	LL ENTITY	/	OTHER TI
TOTAL CLAIMS						4 200 100	OR S	MALL EN
FOR		И	UMBER FILED	NUMBER EXT		ATE FE		RATE
TOTAL CHARGEABLE CLAIMS		MS .	minus 20=	*	BASI	C FEE 385.	00 OR BAS	SIC FEE 77
INDEPENDENT CLAIMS			. minus 3 =	*	X\$	9=	OR X	18=
MULTIPLE DEPENDENT CLAIM PE			NT .	·	X4.	3=	Top! XI	86=
			<u>. </u>		+14	E .	-ORI XI	
ii ine differe	ence in column	1 is less th	nan zero, enter "	'0" in column 2	714		OR +29	90=
	CLAIMS A	S AMEN	DED - PART	II.	TOT	AL	OR TO	TAL
T	Column	1)	(Column		(3) SMA	LL ENTITY	ОТ	HER THAN
lalva.	CLAIMS REMAININ	G	HIGHES	ST .			OR SMA	LL ENTIT
3/18/0	AFTER AMENDMEN	VT	PREVIOUS	SLY FYTO	RATE	ADDI- TIONAL	1 1 000	ADD
Total	* 1	Minus	PAID FO	R		FEE	RAT	E TION
Independer	11 *	Minus	1" 71). =	X\$ 9=	:	OR X\$18	
	SENTATION OF	MILTIDIE	1 *** 3	=	X43=	1		
		. WOLLIFE	DEPENDENT CL	AIM 🗌		-	OR X86	
		:*			+145=	1. 1	OR +290=	. 1:
		•	:	'.	TOTA ADDIT, FE		OD TOT	<u>ai</u>
	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2	(Column 3			ADDIT. FE	EL
	REMAINING AFTER		HIGHEST NUMBER	PRESENT		ADDI-	·	
	AMENDMENT		PREVIOUSL: PAID FOR	EXTRA	RATE	TIONAL	RATE	ADDI-
olal —————	*	Minus	**	<u>-</u>	 	FEE	TIATE	TIONAL FEE
ndependent	*	Minus	1	=	'X\$ 9=	0	R X\$18=	
RST PRESE	NTATION OF M	ULTIPLE DI	EPENDENT CLAI	M []	X43=		R X86=	
					+145=		``	
- ();-	•				TOTAL	OF	+290=	
	(Column 1)				ADDIT FEE	ŎF	ADDIT FEE	
	CLAIMS		(Column·2)	(Column 3)				
	REMAINING AFTER		NUMBER	PRESENT		ADDI-		455
	AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		IONAL	RATE	ADDI- TIONAL
al	* .	Minus	** .	=	1	FEE .	-	FEE
	*	Minus	***	=	X\$ 9=	OR	X\$18=	- 1
IST PRESENTATION OF MULTIPLE (ENDENT CLAIM	1	X43=	OR	.X86=	
					1145	- Oil		
entry in column 1 is less than the entry in "Highest Number Previously Paid For" In "Highest Number Previously Paid For" In			nn 2, write "0" in col	umn 3,	+145=	OR	+290=	
4	- Pariously Paid		STAUE IS 1800 than	1 20 onles :00 s	TOTAL		TOTAL	
HIDDES Number	per Previously Paid or Previously Paid F	FOL IN THIS	SPACE is loss the	. 7	ADDIT, FEE	OR .	DDIT. FEE	